

FILED JAN 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **42190**
16855
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis,		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, 2169	
d. FULL NAME OF HOSPITAL OR INSTITUTION Little Sisters 3400 S. Grand				d. STREET ADDRESS (If rural, give location) 3400 S. Grand Blvd. 0	
3. NAME OF DECEASED (Type or Print) a. (First) Rosa b. (Middle) _____ c. (Last) Duerk			4. DATE OF DEATH (Month) (Day) (Year) December 17, 1950		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	
8. DATE OF BIRTH May 16, 1863		9. AGE (In years last birthday) 87		10. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0	
11. BIRTHPLACE (State or foreign country) St. Louis, Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Mathias Duerk		13b. MOTHER'S & MAIDEN NAME Mary Boos		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME. Mrs. Katherine Rupp 3126 Clifton Ave.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic Heart Disease ANTECEDENT CAUSES Generalized Arteriosclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis, Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H200	
22. I hereby certify that I attended the deceased from Jan 1950, to Dec 17, 1950, that I last saw the deceased alive on Dec 12, 1950, and that death occurred at 7:00P.m., from the causes and on the date stated above.					
23a. SIGNATURE R. A. Mezera M.D. (Degree or title)		23b. ADDRESS 539 W. h. Grand		23c. DATE SIGNED 12/29/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/20/50		24c. NAME OF CEMETERY OR CREMATORY SS. Peter and Paul Cemetery	
24d. LOCATION (City, town, or county) St. Louis, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary		24f. ADDRESS 2842 Meramec St.	
DATE RECD BY LOCAL REG. DEC 19		REGISTRAR'S SIGNATURE J. B. Casar		25. FUNERAL DIRECTOR'S SIGNATURE Gebken-Benz Mortuary	
				25. ADDRESS 2842 Meramec St.	

(Licensed Embalmer's Statement on Reverse Side)

St. Louis, 18 Mo.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

me

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by me

working under my personal supervision.

Student Embalmer No.....

Signed.....

Joe D. Benz

Signed.....
Student Embalmer

Licensed Embalmer No. 4249

P. O. Address 2842 Meramec St.
St. Louis, Mo. 18

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.